PLEASE

VS A15

1 PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

CERTIFICATE OF DEATH

01824

Reg. Diat. No. 263

County Keset	(For newborn infants give realdence of mother)		
City or town (1f outside city or town limits, write RURAL and give nearest town)	State Mary land County Kent		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town		
Hospital, Institution, or street address where death occurred:	Street No. 4 Cinners reck		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Kright Ringald Calder			
4. Sex 5. Culor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male thite divorced	20. DATE OF DEATH Felora ary 13 1945 21 740 P		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	Jan 20 1945, 10 Rb 13 1945		
7. Birth date of	and that I last saw h alive on 2-/2 19.4.1		
deceased (mo., day, yr.) 8. AGE: Years Month Days Illess than one day	Immediate caose of death		
1-1 7 216	Chron Endo- hy viardilis		
7 74hrsmln.	artirio relevirin		
9. Birthplace (Town, county, and state)	Due to Coronary Cleron		
	Del ourpeus ation		
1D. Usual occupation	Due to grave grave of forther from		
11. industry or business I clo Police Sept			
12. Name Robert F. Caloler 13. Birthplace Kent Co	Dther conditions		
13. Birthplace Kerel Co			
14. Maiden name Laura Relieve Benjamin	(Include pregnancy within 8 months of death)		
14. Malden name Rama Relieve Benjamin 15. Birthplace Knel G.	Major findings of operations.		
16. informant Mrs. Farker	Antopsy results. PHYSICIAN: Please underline the cause to which death shoold be charged statistically.		
Address Rockfell, hel			
17 Burisl, cremation, or removal. Which?) Date thereof 2 17 45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burisl, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cramatery Wesley Colrapse.	Where did Injury occur?		
Location Rock Todal md.	Injured at home, farm, industry, public place (where?)		
18. Funeral director Edyar L- Lane	Means of Injury Injured at work?		
Address Clunch Ital mid,	23. SIGNATURE albertaBurgard M. D. O. other		
19. 2/17. 19.43 Silward Brungeri. (Date rec d by registrar)	FD 0.44 a.s. b. M. D. os other		
(Date rec'd by registrar) Registrar	Address Rockbell, nol Bate stand 2/13/45		



PLEASE WRITE PLAINLY is especially

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()1825 Reg. Dist. No. 201

1. PLACE OF DEATH: Kent CountyStill Pond City or town(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? All Life Hospital, institution, or street address where death occurred: How long in hospital or institution?NOTIO	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Kent City or town City or town limits, write RURAL and give nearest town) Street No
Walter Galen Clark	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION Feb.7.1945 20. Date of Death Peb.7.1945
6.(6) Name of husband or wife	and that I last saw h
8. AGE: Years Months Days If less than one dayhrs	Gunshot wound of Hold // a
9. Birthplace Kent (Town, count and state) 10. Usual occupation U.S.Army 11. Industry or business	Due fo.
12. Name John Wm Clark 13. Birthplace Kent CO Md	Other conditions
14. Maiden name Mary E. Toulson 15. Birthplace Kent Co Md	(Include pregnancy within 3 months of death) Major findings of operations
16; Informant Address Still Pond Md 17. (Burlin, cremation, or removal, Which?) Cemetery or crematory Loceflon 19. Funeral director Address Still Pond Md (month) (dy) (year)	Autopsy results PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death wes due to external causes, fill in the following: Accident, suicide, or homicide



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MAR 5 1945

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 64)

CERTIFICATE OF DEATH

2021

01827

16	
1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(Refnewborn infants everesidence of mother)
City er tewn	Stal County County
all lets	City or tewn (If outside city or town limits, write RURAL and give nearest town)
Hew leng in abeve place et death?	
	Street Ne
Hew leng in hospital or institution?	2.(a) If veteran, name war
3. (a) (FULL NAME)	
satter of haunn col	3. (b) Social Security Number
4.0ex 5. Color or race 6.(a) Single, married, widewed, er divorced	MEDICAL CERTIFICATION
Timele both fright	20, DATE OF DEATOF 20 9 19 V at 18 V
7	2). I CERTIFY that death occurred and to tate above stated; that Lattended desired from
6,(b) Name of husband or wife	My not all sea my migutes
7. Birth date of School Country (c) It allye, give age years	for the service of the catherina
deceased (me., day, yr.)	Implifiate control death L. M. M. DURATION
8. AGE: Years Menths Days It less than one day	A World mere again,
10 3, /Vmin.	140163111
androtayon lect a her	Que to A A A A
(Town, county, and atate)	Troverse 4/
1D. Usual eccupation.	Que to Men mus Mulled
11. Industry or business how !!	
12 Name Long of Collins	Other cenditions
12. Name 1	Other cenditions
	(Include pregnancy ithin 3 months of death)
14. Malden name Inda Thudson 15. Birthplag albert Co well 12	Major findings of operations.
\$ 15. Birthplace all so all 1	
18. Information of the state of	Autopsy results
Address Ohen to toon ned	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D. DIAI T. 11 1945	22. VIOLENCE: It death was due to external causes, till in the tellewing:
(Burial, eremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or hemicide
Cemetery or crematury CHES/ER	Where did injury eccur? (City or town) (County) (State)
Lecation CHESTERTOWN, Md.	Injured at home, farm, industry, public place (where?)
(-10):00. (1):000-	Means of injury 7/ Injured at werk? // &
18. Funeral directer	Alley to the to
Address hesterlocus, The	23. STORATURANTY MICH ZICALE MILLIE
19. Feb. 9 1945 Clara S. Barnes	6h, to hand les M. B. Frother

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-

CERTIFICATE OF DEATH

01828

Reg. Dist. No. JO 2)

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown. (If outside city or town limits, write RURAL and give nearest towu)	State
How long in above place of death?	City or town (if outside city or town limits, write RURAL and give nearest town)
205 Cross St	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME .	3. (b) Social Security Number
4. Sex 0 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH 21, DATE OF DEATH 22, DATE OF DEATH 24, DATE OF DEATH 25, DATE OF DEATH 26, DATE OF DEATH 27, DATE OF DEATH 27, DATE OF DEATH 28, DATE OF DEATH 29, DATE OF DEATH 20, DATE OF DEATH 20, DATE OF DEATH 20, DATE OF DEATH 20, DATE OF DEATH 21, DATE
Wellean bloran	20. DATE OF DEATH
6.(b) Name of husband or wife B.(c) If alive, give age years 7. 8 Irth date of	19 10 26 18 1941
7, 8irth date of deceased (mo., day, yr.) 1890	and that I last saw have allive on the same and that I last saw have allive on the same allive of the same all the same
8. AGE: Years Months Days If less than one day Uniform Links min.	Immodifie cause of death. endoworditis low
B. Birthplace	Oue to Striffman y to 3° miles
10. Usual occupation. Reneral / Janese Work	Oue 10
11. Industry or business	
12. Name Levres Ringgeld 13. Birthplace Kent County	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Mary Liphacy 15. Birthplace Kent/Country	Major findings of operations.
18. Informant Estella Grafes	Autopsy results
Address R. 3, Chestertown, mg	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Date fhereof 2 22 43 (Buriai, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicido, or homicide
Cemetery or crematory Quarkery Neck	Where did injury occur?
Location Church Lane	Injured at home, farm, industry, public place (where?)
18. Funeral directo as August Denne	Means of injury Injured et work?
Address Chestertosin in an	23. SIGNATURE THE Simpers
19. Feb 91, 19 45 Clara L. Barres. (Date rec'd by registrar)	Address Lucturion Date signed 1 1240

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MAR 3 1945

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (57-nn)

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2 HISHAL DESIDENCE (HOME) OF DECEASED.
County Reat	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	Siate Mary Cared County Kurt
	City or town
How long in above place of death?	
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
James Thomas Edwards	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Th.	20. DATE OF DEATH SULVEY 13 1945 21 410 2 1
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife	THAY 13 2 75 PM 19 45 10 FAN 14 42 PM 19 45
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) Fibruary 13 1945	
8. AGE: Years Months Days If less than one day	Immediate cause of death Secreturity 8 77.
P. la Hanna D	Que to helfore twin of both army
9. Birthplace (Town, county, and state)	
10. Usual occupation	and legs:
	Oue to
11. industry or business	
E 12. Name Rolens D. Edwards	Other conditions
13. Birthplace 12 och Hale, hed	(Include pregnancy within 3 months of death)
14. Malden name Elizabeth am Smith 15. Birthplace Rock Hell, red	
D. A. A. C. C. T.	Major findings of operations
	Date of op.
16. Intermant Elizaria Edverde	Antopsy results.
Address Rock Hall, m.d.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which?) Date thereof ### 1945 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or manufactury Wesley Chapel	Where did injury occur?
Babylus md.	injured at home, farm, Industry, public place (where?)
Location	
18. Forest Species Roland D. Edwards	Means of Injury Injured at work?
Address Krock Hall md	12 SIGNATURE albert & Burgard
	23. SIGNATURE MACLETY AND M. D. On other
19. 2/14 1445 - S Elword Burgass (Bate rec'd by registrar) Registrar	Rock Hall med 2/14/45
(Bate red'd by registrar) Registrar	Address Date signed



PLEASE

VS A15

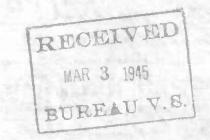
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

()183()
Reg. Diat. No. 202

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: #For newborn infants give residence of mother)
County	Stail Hardand County Rost
(If outside city or town limits, write RURAL and give nearest town)	City or town Mustertaine mul
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war.
3. (a) FULL NAME Cobert Had	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male wate married	20. DATE OF DEATH TESTILING 7 1945 at 9.05 M
6.(b) Name of husband or wightla May Naurie	21. I CERTIFY that death occurred on the date above stated: that I attended doceased from
N /	april 10 Feb. J 1964
7. Birth date of years	and that I list saw here alive on the same of the same
deceased (mo., day, yelling the state of the	Immediac cause of death BURATION
6. AU. 6	- Ogronery Olelward 7 days
GG 7 min.	
9. Birthplace	Due to
10. Usual occupation Muschaut	Tank and the same of the same
11. Industry or business General Food Store	Due to
12. Nama Lawy Must Da Malaway	Other conditions
2 13. Birthplace Acad y	(Include pregnancy within 3 months of death)
14. Matden name	Major findings of operations
S 15. Birthplace Cure Co	
16. Informant D. 1220 States S	Autopsy results.
Address Chretistaure ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Bale thereof 2/10/45	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal. Which?) Date thereot (mosth) (day) (year)	Accident, suicide, or homicide
Cemetery or orematory	Where did injury occur?
Location Chisaloton Maryland	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Massing & Williams	Means of Injury Injured at work?
Address Cheetylow Marsland	1 101/1
410	23. SIGNATURE M. D. or other
19. Telt (Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address Chichester Bato signed 17/45



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legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore

01831

Reg. Diat. No. 203.

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) Runal (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give neurest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: reus on (If rural, give LOCATION) How long in hospital or institution?..... 2.(a) If veteran, name war 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION Remary 1 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.44 toB.(c) If alive, give age 7. Birth date of deceased (mg., day, yr.) DURATION 8. AGE: Months If less than one day Endo-my cardon Cheraneake als 1D. Usual occupation.... 11. Industry or business 12. Name...... 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace 14. Maiden name... Major findings of operations. Released Harreson 16. Informant ... PHYSICIAN: Please underline the cause to which death should be charged statistically. Prektell, md Address 22. VIOLENCE: If death was due to external causes, fill in the following: 17. (Burial, cremation, or removal, Whigh) Dale thereof 1 el 4 Accident, suicide, or homicide..... (month) (day) (year) Where did Injury occur? (City or town) Injured at home, farm, industry, public place (where?) Injured at work? Means of Injury



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (4)

01832 Reg. Dlat. No. 2 0 2

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	
	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Male White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH Feb. 6.1945
8.(b) Hame of husband or wife.	Did mot attend signed certificate after the later that later of the la
7. Birth date of	Investigation of death as Deputy Med.
deceased (mo., day, yr.) Sept. 7, 1899 8. AGE: Years Months Days If less fhan one day	Coronary Thrombosis
45 5 0min.	Chronic Myocarditis Diabetes
9. Birthplace Waterbury Conn. (Town, county, and state)	Due to
10. Usual occupation	Due to
11. Industry or business Practing Law 12. Name Patrick Healey 13. Birthplace Waterbury Com.	Dther conditions.
14. Maiden nameJoanna Fitzgerald 15. Birthplace Water bury Conn. 16. InformantWmFitzgerald	(Incinde pregnancy within 3 months of death) Major findings al operations None
El 15. Birthplace Water bury Conn.	Date of op
16. Informant Wm. Fitzgerald Address 20 East Main St. Waterbury Conn.	Antopsy results
Burial Burial Date thereof 2/10/45 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?(City or town) (County) (State)
Location Waterbury, Conn. Marvin V. Williams 18. Funeral director. Chestertown, Md. Address	Injured at home, tarm, industry, public place (where?) Means of injury Injured at work?
19 Felt. 9 19 45 Clarad Bando Registrar	Address & De to to to the place of the 144-

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MAR 3 1945

BUREAU V.S.

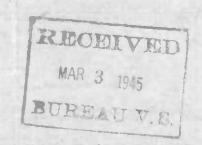
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9200

CERTIFICATE OF DEATH

11833 Reg. Dist. No. 2.021

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
B.(b) Name of husband or wife	20. DATE OF DEATH. Thusary 7 1945 at 12 4 M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1845 to 1845
7. Birth date of	and that I last saw h alive on 2 6 19 \(\frac{4}{3} \)
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 65 7 9 hrs. min. 9. Birthplace Fort Long South Caroling (Town, county, and state)	Immediate cause of death DURATION The Survey - My vent ville ### Contained are ville Duration
10. Usual occupation. 11. Industry or business Vi Fu Fuv, Chefurtown 12. Name	Due to. Maralgais IT right writt. Other conditions.
14. Malden name Maggie Ingraus 15. Birthplace 18. Informant Many Many Musilier	(Include pregnancy within 8 months of death) Major findings of operations. Date of op.
	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address 11	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Chestertown Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of Injury Injured st work?
Address Chestertown, Md.	23. SIGNATURE MUSICABURG and M. D. oc. astron
197-U. 7. (Date rec'd by registrar) 1945 Class S. Barnes Registrar	Address Porktall, md Bate signed 2/7/4 A



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

11834 : Reg. Dist. No. 250

1. PLACE OF DEATH: 4	2. USUAL RESIDENCE (HOME) OF DECEASED:	
Mear	(For newborn infants we residence of mother)	0
County	- ml	
City or town I was Millington	State County County	
(If outside city or town limits, write RURAL NEAR and give town)	Much millian	_
Sireet address, hospital, or institution:	Cily or town (If outside city or town limits, write RURAL NEAR and giv	ard 10,
	(II outside city or town fimits, write KUKAL NEAR and giv	e town)
	Street No.	
Stay in hospital or:Inst. (yrs., or mos., or days)	(If rural give LOCATION)	
1	A A SE SEPTEMAN MARIE MAR	
Stay in this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR	
3. (a) FULL NAME	3. (b) Social Security	Number
10 0000		0
Mancy Lee Hund	-vo	el
Sex 5. Color or page 6.(a)Single, married, wildowed, or divorced	" MEDICAL GERTALICATION	
of the state of th	MEDICAL CERTIFICATION	
of Mr Link	1186 954	1= 1,74
a forming	2D. DATE DF DEATH 19 4	et M
(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended dec	pased from
() hamo or hasband of wife		
	9.46 194 45. 19 10 7.46 20°	19 5 5
7. Birth date of	and that I last saw her alive on TLA. 204	10 44
deceased (mo., day, yr.) Aug 21 1944		
	Immediate cause of death Starter - Programme	DURATION
B. AGE: Years Months Days If less than one day		
6		
	-min.	
9. Birthplace / lant maryland		
J. Birinpiace	Due to	
101.10		
1D. Usual occupation	a ma nó	
	Due to	
11. Industry or business		
12. Name after of Hund		
to a d	Other conditions	
milled D.	(Include pregnancy within 8 months of death)	
14. Maiden name Mildel Prince 15. Birthplace	Major findings:	PHYSICIAN
mb	Of operations	. Please underline
E 15. Birthplace	At Abrigitalia	the cause to whice
///kg + + 2/ //		death should be
16. informant	4	charged statisti-
West million in	Df autopsy	cally.
Address Will Milliongton	4	
Busical St. L. 8489	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide Date of	
(Burlar, Cremation, or Temoval, Which)		
Cemetery or crematory I malour	Where did injury occur? (City or town) (County)	
no so on a	(City or town) (County)	(State)
Location - May Carleville Md	Injured al home, farm, industry, public place (where?)	
60/1 - 1/20 11		
18. Funeral director 6000 and Ozellow	Means of Injury Injured at work?	
million h	8 100	
Address / Milling on 120	4000	
	23. SIGNATURE	
" Hat 24 . "45 Wester Drie		or other
19. (Date rec'd by registrar) Registrar	Address Millen for Date signe	811/046 11
(Page yee a pl yesignar)	Address Date signs	d - C-21 - 51 - 455

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MAR 5 1945

RUREAU V.S.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 922

CERTIFICATE OF DEATH

01835

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence uf mother)
County Roll	State Mark Laced County Keest
Cily or town	D 4 11
How long in above place of death? 52 4cars	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred.	Streef No.
	(If rurs!, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Hosana Relieva Jones	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, vidowed, or divorced	MEDICAL CERTIFICATION
fun. White widowed	20. DATE OF DEATH Fluggy 10 1845 at 400 17 M
6,(6) Name of husband or wife Lkalls Herery Frances	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
	12hnay 2 1944 to Felv. 10 184V
7. Birth date of deceased (mo., day, yr.) 2.4.2.2.11 186	and that I last saw h. e. alive on 2 - 2 - 19. 4 \tag{4}
8. AGE: Years Months Days If less than one day	Immediate cause of death
0 - 7 1	skow Endo- dig seardili
83 / 30hrsmin.	Accomputation
9. Birthplace	Due to. 4 sp peaterain
10. Usual occupation. Harase worth	Oue to. Oct age
11. Industry or business	Oue fo
E 12. Name George R. Reed 13. Birthplace WT Known	Other conditions
13. Birthplace and Kuryn	(Include pregnancy within 3 months of death)
14. Maiden name Frances Unieton 15. Birthplace ulf Known	Major findings of eperations.
≥ 15. Birthplace and Known	
18. Informant ha survive frames	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Rockfel het	
17 Burial Ogte thereof 2/12/45	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal. Which?) (monyh) day (year)	Accident, suicide, or homicide
Cemetery or cremetery Wishing Chappel	Where did injury occur?
Location Tak Hall Mary Rays	Injured af home, farm, industry, public place (where?)
61	Means of injury injured af work?
18. Funeral director fu	
Address Chesterforn Maryland	23. SIGNATURE albert a Burgar d
18. 2/12 18 45 Silverode ingon	M. D. or other
(Date rec'd by registrar)	Address Rock Hell had Bota signed 2/10/45



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01836

)	-	-
2	Dist	No	~	0	2

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants giveresidence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, willowed, or divorced Wildowed.	MEDICAL CERTIFICATION 20. DATE OF DEATH 19.45 at 7:30 M
6.(b) Name of husband or wish has hard hard hard hard hard hard hard hard	21. I CARTIFY that death occurred on the date above stated: that I attended deceased from 19.45-to 19.45-to 19.45-
8. AGE: Years Months Days If less than one day 8. AGE: Hears Months Days If less than one day 1. 2	Immediate cause of death. Out of high that frame Due to high that frame
10. Usual occupation Mangananals 11. Industry or business Anne	Due to
12. Name. Milly Bowse. 13. Birthplace Chestutone, Jud. 14. Malden name. Martha State Gale 15. Birthplace Chestutone Mar.	(Include pregnancy within 3 months of death) Major findings of operations.
16. Interment Kart Co. William Records.	Autopsy results
17. Burial Bate thereof 2/4/43 (Burial, cremation, or removal, Which?) Cemetery or crematory / Will Keels	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Muse Chestrolon - Augus ann los 18. Funeral director Massin V. Williams	(City or town) (County) (State) Injured et home, farm, industry, public place (where?) Means of injury Injured at work?
Address Chesterline Mangland.	23. SIGNATURE Dr. Itm. Richmond
19. Telt 4 (Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address & Lustirlains Ms Bate signed Falls 1945

Lona Blake

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MAR 3 1945
BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg.	Dist.	No.	2	0	2	1

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CERTIF	CATE	OF	DEA	TH

1. PLACE OF DEATH: //	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town. (If outside city or town limits, white RUKAL and give nearest town)	State Manyland County Land
1 /:/.	City or town / Chestulian P. M.
How long in above place of death?	(if outside city on town limits, write RURAL and give nearest town)
nospiral, institution, to screet audiess where usual beguines.	Street No. Thusulou
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME James Lively -	3. (b) Social Security Number
4. Sex 5. Color or race (5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m c Widowd	20. DATE OF DEATH. February 34 19 45 at 12:45 M
6.(b) Name of husband or wife Clasher Dulman Simily	21. I CERTIFY that death occurred on the data above stated; that I attended deceased from
	Dela Di Hada Valus - Bout
7. Birth dale of deceased (mo., day, yr.) November 15. 1867	The that has saw had all with the same and t
8. AGE: Years Months Days If less than one day	Immediate cause of death Section Creek O Churchen
mm 2 9	
// J hrs,mln.	Contract Or True of oct
3. Birthplace. Cusher Mich. Kentles. Maryland (Towns county, and state)	Due to.
10. Usual occupation.	Due to Desce
11. Industry or business Javm	
12. Hame James Isah Linky	Other conditions
13. Birtholace V Quake Wich Kint Co. Med	Unit conditions
# 14. Maiden name Dank/Cut	(Include pregnancy within 8 months of death)
15. Birthplace And Clert	Major Endings of operations. Oate of op.
16. Interment Mare good weall	Autopsy results.
Address bles to tran la ned	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0.1	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) Bate thereof. (month) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Pomora Kint lo. Many land	Injured at home, farm, lodustry, public place (where?)
18. Funeral director Massing U. Williams	Means of Miury) Injured at work?
Address Chestertin Manifand	RAD THE COUNTY TO
I a a a	23. SIGHADEL THAT DAVE SQUEEZ. ULLY & dus
19.721. 2 19.75 (Date rec'd by registrar) Registrar	Address & ales totom and Date signed To Xx ty

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Charles St., Baltimore (5)

CERTIFICATE OF DEATH

()1839 Reg. Dist. No. 202

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)
City or town	State Maryland County / Unt
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death-occurred:	Street No. 222 Kinst Arick
222 Pent Cicle -	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME & dith B. News	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorces	MEDICAL CERTIFICATION
F W manuel	-1 - P.
- Manua	20. DATE DE DEATH - 18 45 at 7:30 M
6.(6) Name of husband or wife Amaid L. Himnam	21. I CERTIFY that death occorred on the date above stated; that I at ended deceased from
8.(c) If allve, give age 34 years	left 1942, 10 Jel - 7 1943
7. Birth date of deceased (mo., day, yr.) March 16 18 95	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
49 9 9min.	Jesus de la constante de la co
PIIII IC FA	I Blood: and
9. Birthplace (Towns county, and state)	Due to.
10. Usual occupation. Mouseufe	Melalien
11. Industry or business	Due to South Annual Control of the C
12. Name. Yohn A. Collisin	Other conditions to to drawing waterland 1944
13. Birthplace Prob Hall, md.	
14. Majden name Belle Cronch	(Include pregnancy within 3 months of death)
14. Maiden name Belle Cronsh 15. Birthplace Prof. Hull. Md.	Major findings uf uperations.
≥ 15. Birthplace // Ma / Mu.	Date of op.
18. Informant Somand A Munam	Autopsy results
Address 222 / Cent Crick Chutyla, Keel.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Bunal Date thereof 2/28/43 (Burlal, cremation, or removat, Which?) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
	Accident, suicide, or homicide
Cemetery or crematory Wishing Chaquel	Where did injury occur?
Location Such Half Many Cond	Injured at home, farm, lodustry, public place (where?)
18. Funeral director Marin La William	Means of injury Injured at work?
101 F1 7.11	1 12/1
Address Mayland, Maryland	23. SIGNATURE Track II. Smilk
19. February 19.44 Clasa & Barnes Registrar	M. D. or other Bate supply 28 45

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-6

CERTIFICATE OF DEATH

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Reg. Dlat. No. 250

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother) State County County County County City or town (If outside city or town limits, write RURAL and give nearest town)
How long in hospital or institution?	Streef No. (If rural, give LOCATION) 2.(a) If veferan, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Wildweld Wildweld TP 11	MEDICAL CERTIFICATION 20. DATE OF DEATH Filming 23 19.45 1 5:30 5
6.(b) Name of husband or wite the hand a strandard husband with the strandard for th	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45 and that I last saw h and alive on 2.42 19.45
8. AGE: Years Months Days It less than one day 8. AGE: Years Months Days It less than one day 8. AGE: White Months Days It less than one day 8. AGE: White Months Days It less than one day 8. AGE: White Months Days It less than one day 8. AGE: White Months Days It less than one day 8. AGE: White Months Days It less than one day 8. AGE: White Months Days It less than one day 8. AGE: White Months Days It less than one day 8. AGE: White Months Days It less than one day 8. AGE: White Months Days Days Days Days Days Days Days Day	Immediate cause of death DURATION
8. Birthplace Juny Alland (Town, county, and stute) 10. Usual occupation withing members.	Due to Agglerianin 7 Ja
11. Industry or business Strue - Muschander Amal 12. Name Samuel B. Brathe 13. Birthplace Allangue	Other conditions
14. Malden name Melsania Hazel 15. Birtholace Smyrma Kulanian	(Include pregnancy within 8 months of death) Major findings of operations.
18. Interment of s. Warren Gellespie	Autopsy results
Address Saline Manyland 17 Burial Date thereot 2/25/45 (Burial, cremation, or removal, Which?) (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide
Cometery or crematory Mint M. C. Location Legisland Many Lagran	Where did injury occur?
18. Funeral director Marin & William Address Cheskerlown mid.	Means of injury Injured at work?
19 Let. 25 1945 Elizabeth I multon	23. SIGNATURE. M. D. or other M. D. drother

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 922

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CERTIFICAT	TE OF DEATH Reg. Dist. No.
I. PLACE OF BEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Centry	For newborn infants give residence of mother)
Cily or town	State Additional County County
How long in above place of death? The Market County	(If outside city or town limits, write RURAL and give nearest town)
Nospital, institution, or street address where peath occurred:	
none	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Adamillhum Senit	1
4. Sex 5. Color or race 6.(a) Single, married, widewed, or divorced	MEDICAL CERTIFICATION
mile late 1	
The soule snige	20. DATE OF DEATH Telsury 20 1945 at 250 1
6,(6) Name of husband or wife	21. I CENTIFY that death occurred on the date above stated; that attended deceased from
	Meg. 1944 10 February 20 19 46
7. Birth date of	and that I last saw here alive on Jersey 20 1920
8. AGE: Years Months Days It less than one day	Immediate cause of death
010 0 12	Decretary Missie 7 200
hrs. min.	
9. Birthplace Legh S Tenneylvanis	Due Tujeus Okrombo prom 2 no.
(Town, county, and state)	
1B. Usual occupation	Due to Mulay of plesso 7-no.
11. Industry or business	71 1
12. Name Alavila a Sauith	Other conditions Enclosed 2400.
12. Name ANTH Smile 13. Birtholace & Tennshlrauk	
	(Include pregnancy within 8 months of death)
14. Malden name have the smith smith. 15. Birthplace emesylvanid	Major findings of operations.
2 15. Birthpiace emisperand	Bate of op.
16. Informant	Actopsy results
Address Mark Hall The	PHYSICIAN: Please onderline the cause to which death should be charged statistically,
- Burial 2/13/45	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal. Which (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory S.J. Taul	Where did Injury occur?
Mean Fairle Kent Co. Med.	Injured at home, tarm, industry, public place (where?)
Location Loc	Means of Injury Injured at work?
18. Funeral director.	K 12 / 1/
Address Chesfulown Maryland.	Jan M. Mille
2/23 4- 19/1000	23. SIGNATURE M. D. or other
19	Address Ullellell Talle Dale signed

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BURBAU V.E.

٧.	Charles	St.,	Baltimore	(181)
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CERTIFICAT	E OF DEATH Reg. Diat. No. 203
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Track Ivin Sollaway	3. (b) Social Security Number
4. Sex 5. Colur or race 6.(a) Single, married, widowed, or divorced Male White Single	MEDICAL CERTIFICATION 20. DATE DE DEATH. TEBRUARY 2 19.45 at 9 2 P. M
8. (b) Name of busband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Bays It less than one day hrs. min. 9. Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace Kent County Md 14. Maiden name. 15. Birthplace Kent County Md 16. Intermant. 16. Intermant. 17. Birthplace Kent County Md 18. Birthplace Kent County Md 19. Birthplace Kent County Md 10. Usual Sollaway Md	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 4 3, 10 19 4 and that I last saw h. I alive on Immediate cause of death DURATION Company Due 10 10 10 10 10 10 10 10 10 10 10 10 10
Address Address Date thereof. (Burial, cremation, or removal. Which?) Cemetery or crematory. Location Location Address Chestular Manylund 18. Funeral director. Address Chestular Manylund (Date ree'd by registrar) Registrar	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (County) (State) Injured at home, farm, lodustry, public place (where?) Means of injury Tell in tub of hot injured at work? 23. SIGNATURE Address Address Address Address Address A. Bate signed 2 - 2 - 4 5

PLEASE WRITE PLAINLY, WITH UNITADING INK. Supply every item of information carefully. The corverse is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

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NFADING INK. Supply every item of information carefully. The correct age at. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNF is especially important.

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County City or town (If outside city or town limits) write INJKAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long ja agspital or institution?	2. USUAL RESIDENCE (MOME) OF DECEASED: (Cor newborn infants two realdenge of mother) State (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) ti veteran, name war
3. (a) FULL NAME Arlena Strona	3. (b) Social Security Number
5. Color or suce 6. (a) Single, married, widowed, or divorced to the first threat 6. (b) Name of husband or wife	20. DATE OF DEATH 19 19 M 21. I CENTIFY that death property on the date above stated; that attended deceased from 19 to
7. Birth date of deceased (mo., day, yr.) 8. AGE: Vears Months Days It tess than one day hrs. min.	and that I last saw h N alive on 1997 Immediate caree it care to the first of the
10. Usuat occupation. 11. industry or bysidase 12. Name 13. Birthplace (Town, county, and state) 14. Value occupation. 15. Usuat occupation. 16. Town, county, and state) 17. Ware occupation. 18. Industry or bysidase 19. Value occupation. 11. Industry or bysidase 12. Name occupation. 13. Birthplace occupation.	Due to. Due to. Different
14. Malden name Latter as During 15. Birthplaces Lucy to fund 16. Informant Alle for the lucy Address After for the lucy	(Include pregnancy withing sonths death) Majur findings of uperations. Date of op. Autopsy results. PHYSICIAN: Flease underline the cause to which death should be charged statistically.
(Barial, cremation, or removal Which?) Cemetery or crematory Location Location	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) injured at home, tarm, iodustry, public place (where?)
18. Funeral director BR Fellows Address Still Fond made 19. Feb. 15 1945 J.H. Colorible (Date rec'd by registrar) Registrar	Means of injury Injured at work? 23. MENATURE ALL TYMENT M. D. Mother M. M. D. Mother M. M. D. Mother M. M. M. M. Mother M. M

CERTIFICATION OF DEATH

MAR 5 1948
BUREAU V.S.

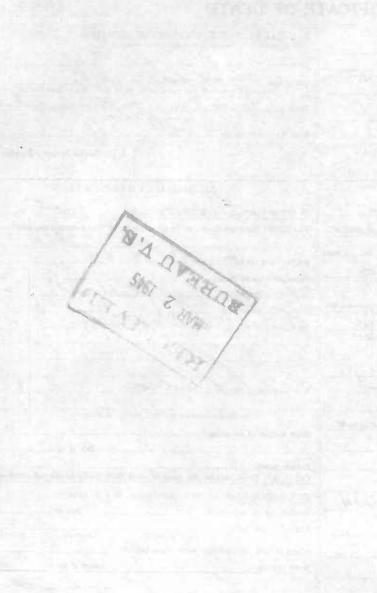
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 92

Reg. Diat. No. 943

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? Hospital, institution, or street eddress where death occurred:	***************************************
County City or town Cit outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? When it all institution are strent address where death occurred:	***************************************
(If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh?	
How long in above place of dealth?	
Hospital Institution or street address where death occurred:	ent town)
	line
Street No. (If roral rive LOCATION)	
How long in hospital or institution? 2.(a) If veteran, name war	
3. (a) FULL NAME (3. (b) Social Security N	lumber
Harry arnold Thompson	umoci
4. Sox 5. Color or raco 6.(a) Single, married, widowed, or diversed MEDICAL CERTIFICATION	7-71511
Male white manual 20, DATE OF DEATH of stores ? 19 45	11.
8.(b) Namo of husband or will allewader facenes 21. I CERTIFY that death occurred on the date above stated; that Jetteroded deceases	red trom
8.(c) Hamo of husband of will alive, give ago. L. 6. years	
7. Birth date of and that I last saw hammalive on allive on all allive on al	19.44.5
Immediate cause of death.	DURATION
8. AGE: Years Months Days It less than ooo day Calamonese Laphortalisad	2 Lyp
68 4 23 min.	
9 Birtholace allestutour med But Jacobsen agétoise	10 pear
9. Sirthpiace (Town, county, and state)	
10. Usual occupation. Occupation	***************************************
11. Industry or business Rectioned	***************************************
	14224
12. Name Steelesson Other conditions (Indianalela)	
14 Malder som Veloviles. Inonen Tarent	
Major findings of operations.	
E 15. Birthplace Legit - 125 122 Dale of op	,
18. Informant Mag Very Olompasso Autopsy results.	
Address . Word Hall . Mrs. Please underline the cause to which death should be charged at	latistically.
4 1 2 - 16111 - 22. VIOLENCE: If death was due to external causes, fill in the tollowing:	
(Burial, cremation, or removal, Which?)	,
	••••••
\mathcal{D} I I I I I I	
Location Nock 7 Lace (where?)	
18. Funeral director. Silique L. Lase! Means of Injury Anjured al work?	
Address Church yties med I for the the	
7 / Q 23. SIGNATURE M. D. or	rother
19 2/ 9. 19 43 3-8 wood 13 wag on Ohil	4/2/11



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CERTIFICATE OF DEATH

age	2411 N. Charle	es St., Baltimore 932
reet	CERTIFICAT	TE OF DEATH Reg. Dist. No. 204
clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Make County City or town Infants, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.
information of death cl	3. (a) FULL NAME Welliam See Mel Mins 6. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number
causes o	Mile White magnet	MEDICAL CERTIFICATION 2B. DATE OF DEATH LEBRUARY 5 1945 01 2,25 M
UNFADING INK. Supply every iter	8. AGE: Years Months Days It less than one day 10. Birthplace (Town, county, and state) 11. Industry or business 12. Name (Augustian County) 13. Birthplace (Town, county) 14. Malden name (County) 15. Malden name (County)	21. I CERTIFY that death occurred on the date above stated; that I stended deceased from 18 40 and that I last saw be like alive on 19 40 Immediate cause of death DURATION DURATION Due to. Dither conditions again and the date above stated; that I stended deceased from 18 40 DURATION DURATION On 19 40 DURATION Due to. On 19 40 On 19 40 DURATION DURATION On 19 40 On 19 40 DURATION DURATION On 19 40 On 1
ially mp	16. Informant Des Strulence Walliams Westerns. My Address Blushulans Districtions Des	Major findings of operations
TE PLAINLY, is especially	17 Bate thereof (Month) (day) (year) Cometery or crematory Silver Brown (day) (year)	22. VIOLENCE: 11 death was due to external causes, till in the following; Accident, suicide, or homicide
LEASE WRI	18. Funerat directool life will bulks Address Clubbulawa RA 444	Injured at home, farm, lodustry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE
Д	19	Addres Allalielana Bate signed 55 / stat

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